

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-00320

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

		24-NS-05995 Eric A.Battilega				
Express Mail Label No.			EL 319730676US			

APPLICATION ELEMENTS					Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231							
See MPEP chapter 600 concerning utility patent application contents. 1 X Fee Transmittal Form (e.g.,PTO/SB/17)												
1. 🔼	1. Fee Transmittal Form (e.g.,PTO/SB/17) (Submit an original, and a duplicate for fee processing)					7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)						
2. 🗌	Application claims small entity status. See 37 CFR 1.27					8. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary)						
3. 🖂	Specification		[Total Page	es 29]]	а. 🔲	Computer Read	able F	orm (CRF)			
	(Preferred arrange	ement set forth below)				b. S	pecification Seque	ence Li	istina on:			
ļ		riptive title of the Inve				•			D-R (2 copie	es): or		
	- Cross References to Related Applications - Statement Regarding Fed sponsored R & D						ii. paper					
Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention						c. Statements verifying identity of above copies						
						c. Statements verifying identity of above copies						
- Brief Summary of the Invention					ACCOMPANYING APPLICATION PARTS							
Brief Description of the Drawings (if filed) Detailed Description				9. Assignment Papers (cover sheet & document(s))								
	- Claim(s)						37 CFR 3.73(b)	Staten	nent 🖂			
	- Abstra	act of the Disclosure				10.	(when there is a	n assi	gnee) 🖾 F	Power of Attorney		
4. 🖾	Drawing(s) (35	USC 113)	[Total Shed	ets 6	<u>.</u> 1	11.	English Translat	ion Do	cument (if	applicable)		
5.	Oath or Declara	ation	[Total Page	es 6	1	12.	Information Disc Statement (IDS)			Copies of IDS Citations		
	a. 🛭 Newly executed (original or copy)				13. 🗌	Preliminary Amendment						
	b. Copy f	rom a prior application ntinuation/divisional	on (37 CFR 1 with Box 18	.63(d)) complete	ed)	14. 🛛	Return Receipt I (Should be spec			503)		
	i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)				15. 🗌	15. Certified Copy of Priority Document(s) (If foreign priority is claimed)						
	named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).					Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
6. 🗆	Application Data	Sheet. See 37 CFF	R 1.76			17. 🖾	Other: Expre	ess Ma	ail Certifica	ate		
		APPLICATION, che Data Sheet under 37		te box, a	nd supply th	e requisit	e information belo	w and	in a prelim	inary amendment, or		
Ϊ́	Continuation		ivisional	Г	Continua	tion-in-nai	rt (CIP) of prior	annlic	ation No.: _	,		
Prior ar	oplication informatio		1710101101	Examine			(o) o. po.		up/Art Unit:			
			v. The entire			applicatio	n from which an o		•	supplied under Roy		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.												
			19.	CORRE	SPONDENC	E ADDRE	ESS					
□ Cu	stomer Number	or Bar Code Label	(Insert Cust	om No. or	Attach bar co	de label he	or Corres	oonder	nce address	s below		
Name		Michael Tersillo							· ·			
		Armstrong Teasdal	e LLP		· · · · · · · · · · · · · · · · · · ·							
Address One Metropolitan Sq., Suite 2600												
City				Zip Code 63102								
<u> </u>	Country US Telephone (314		4	21-5070		Fax	(314) 62					
		<u> </u>						<u> </u>				
Name	e (Print/type)	Michael Tersillo				F	Registration No. (A	Attorne	y/Agent)	42,180		
Signa	ature	Mich	elle	all	lo de la companya della companya del		Dai	te .	Decembe	r 8, 2000		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2001 Patent fees are subject to annual revision. Patent of Payment Patent of Payment S1,340 Complete If Known Application Number Filing Date First Named Inventor Eric A. Battilega Group Art Unit Examiner Name 70TAL AMOUNT OF PAYMENT \$1,340 Attorney Docket Number 24-NS-05995

			· · · · · · · · · · · · · · · · · · ·						
METHOD		FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge indicated fees and				DITIONAL	FEES	· · · · · · · · · · · · · · · · · · ·			
credit any over payr	ments to:	La	arge Ent						
Deposit		Fe			Fee				
Account 01-2384 Number		Co	ode (\$)	Code	(\$)	Fee Des	cription	Fee Paid	
Nomber (10	05 130	205	65 S	Surcharge - late filing	g fee or oath		
Deposit Account		12	27 50	227		Surcharge-late provi ee or cover sheet	sional filing		
Name		13	39 130	139	130 N	Non-English specific	ation		
Charge Any Addit Under 37 CFR 1.3		14	¥7 252	20 147		or filing a request for eexamination	or ex parte		
Applicant claims s	11			te	Requesting publication Caraminer action	·			
See 37 CFR 1.16	and 1.17	11	13 184	10* 113		Requesting publicati Examiner action	on of SIR after		
2. Payment Enclosed	d:	11	15 110	215	55 E	Extension for reply w	ithin first month		
☐ Check ☐ Cre	edit Card	er 11	16 390	216		Extension for reply w	vithin second		
F	EE CALCULATION	11	7 890	217		xtension for reply w	ithin third month		
1. BASIC FILING FEE		11	18 139	0 218	695 E	Extension for reply w	,		
		12	28 189	0 228		extension for reply w	ithin fifth month		
	Entity	11				lotice of Appeal			
· • • • • • • • • • • • • • • • • • • •	Fee					iling a brief in suppo	ort of an annual		
Code (\$) Code ((\$) Fee Description Fee Pa					•			
101 710 201 3	355 Utility Filing Fee	\$710 12 13				Request for oral hear	-		
	160 Design Filing Fee	**** 1'3	38 151	10 136		Petition to institute a proceeding	public use	1	
	245 Plant Filing Fee	₁₄	0 110	240		Petition to revive – u	navoidable		
	Reissue filing Fee	14				Petition to revive – u			
	75 Provisional Filing Fee	14				Jtility issue fee (or re			
						•	issue)		
	SUBTOTAL (1)	\$710				Design issue fee			
	` ′	14				Plant issue fee			
2. EXTRA CLAIM FEES		12				Petitions to the Comi	,		
-	Extra Fee From	12	23 50	123		Petitions related to p	rovisional		
Total Claims 55 -	Paid 12	26 180	126	180 S	applications Submission of Inform Strat	nation Disclosure			
Independent Claims 3 Multiple Dependent	58	31 40	581	р	Recording each pate per property (times n	nt assignment umber of			
Large Entity Small Entity	x =	14	16 710	246	355 F	roperties) iling a submission a			
Fee Fee Fee Fee Code (\$)	Fee Description	14	19 710	249	355 F	ejection (37-CFR 1. or each additional in	nvention to be		
103 18 203 9 102 80 202 40	Claims in excess of 20 Independent claims in excess of 3	17	79 710	279	355 F	examined (37 CFR 1 Request for Continue			
104 270 204 135	Multiple dependent claim, if not paid	I			•	RCE)			
109 80 209 40	**Reissue independent claims over original	l nateri	900	169		Request for expedite of a design application			
110 18 210 9	**Reissue claims in excess of 20 and over	·	ther fee (s	necifu)	·	i a design application	" "		
	original patent	1 "		,poo,			I	i	
	• • • • • • • • • • • • • • • • • • • •	\$630 -R	Reduced b	y Basic Fil	ing Fee F	Paid SUBTOTAL	aid SUBTOTAL (3)		
or number previously paid, if	greater; For Reissues, see above	<u></u>							
SUBMITTED BY					Com	plete (if applica	ole)		
Name (Print/Type) Michael Tersillo Registrat (Attorney							070		
Signature		Date Decemb				December	3, 2000		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.